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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/263,109 01/19/2001 and claims benefit of 60/304,887 07/12/2001

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 02/14/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

21125

TITLE

METHODS OF DIAGNOSIS AND TREATMENT OF OSTEOPOROSIS

FILING FEE RECEIVED 751	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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